	STATE OF MARY	LAND-CERTII	FICATE OF DEATH	03089
1.	PLACE OF DEATH		<del>- (3)</del>	
	County 1 allo		Registration Dist. I	No. 240
	Village or City Selaw	(If death occurred i	in a hospital or institution, give its NAME instea	St., Ward
	gen of residence in city or town where deeth occurred	yrs,mosds.	How long in U.S. if of foreign birth?	yrsds
2.	FULL NAME Sauces Trans	The Beci	les	
	(a) Residence: No. 100 auro	w RTS	_Ward.	
	(Usual place o		If nonresident give cit	
. 477	PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF	DEATH
3. SE		(write the word)	OF DEATH	2 .193 2
1	merried, widowed, or divorced	red	(m) nth)	Day) (Yeer)
	HUSBAND of (or) WIFE of	1 - nr. 1	PHEREBY CERTIFY, TH	net I attended deceesed from
	Henriella,	July fut	1932, to	£-2, 193
6. DA	TE OF BIRTH (month, day, end year) while would	18 65   Hest saw ha	elive on Auf	, 19 3 - deeth is said
7. AG	E Yeers Months Deys		rred on the date steted ebove, et_ 10.0	n,
6	7 1865-	ormin. The PRINCIP	PAL CAUSE OF DEATH end releted ceuses of in	Date of onset
2/	8. Trede, profession, or particular kind of work done, as SPINNER.	117.1	ente Mysear	ulso 2/1/3.
PALIUN	9. Industry or business in which	inucia	<i></i>	
CUP	work wes done, es SILK MILL, Strenger	Mr.		
30	O. Dete deceased lest worked et 11. Totel tip	ne (yeers)		
10	yeer) - 6 moult ocau	pation Silver	butory Causes of importance:	< 4
12. B	IRTHPLACE (city or town)	, co la		Innotices,
-	(State or country)	- 6	replantio	3/29
1	3. NAME Russel 1200	Then	V	/ //
FATHER	4. BIRTHPLACE (city or town)	Name of oper	retion	Dete of
	(Stete or country)	What test cor	nfirmed diagnosis?	Wes there an eulopsy?
MOTHER	5. MAIDEN NAME Dusan De		es due to externel causes (VIOLENCE) fill in el	
0	6. BIRTHPLACE (city or town)		cide, or homicide? Dete of	f injury, 19,
	(Stete or country)		jury occur? (Specify city or town,	county and State)
17. 11	FORMANT & enrelled for	Specify whet	ther injury occurred in INDUSTRY, In HOME, of	IN PUBLIC PLACE.
	(Address) 100 aurora			
18. B	URIAL, CREMATION, OR REMOVAL	Menner of in	inev	
18. B	Place Addler M. Dete S	Menner of in		
	Place Edulation Med. Dete 5/4	Nature of inj	jury	if deceesed?
	NDERTAKER & F. Stewar	Nature of inj	juryse or Injury in any wey releted to occupetion o	if deceesed?
19. U	Place Edulation Med. Dete 5/4	Nature of inj	se or Injury in any wey releted to occupetion o	f decesed? The M.

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	22 A
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PORT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TINDITITION	DI AUL	TOTAL	I OTCLITIES	O Y LY I THINK THE YOU	A.P. J.	T TI T DI CITALI

# AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County / albat	Registration Dist. No. 240
Village or City & and on	No. Energency Harsey Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
5+000	ds. How long in U. S. A of foreign birth yrsmosds.
2. FULL NAME SULLIVORN (Zu	
(a) Residence: No. (Usual place of abode)	St.,Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female News OR DIVORCED (write the mord)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oug 16, 1932	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Salo D. Bow or hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	T 2000
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	500
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation coupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Md.	Runfird Eclemeters 8/10
14. BIRTHPLACE (city or town) Lallot Co	773
Z 14. BIRTHPLACE (city or town) Lallwate &	Name of operation Alleway Date of 8/63
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 2
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Quelle Quel	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
-1 (State or country) A A Carry X Carry	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLED TO SULLA AND CALLED TO SU	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. DURMAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 a sht v Date 8/16 , 1952	Nature of Injury
19. UNDERTAKER & mergency, Hospital	24. Was disease or injury in any way related to occupation of deceased?
(Address) Eastan nd.	If so, specify
20. FILED. 8/16 1932 N. M. Merrica	(Signed) Zan Jalan M. D.
Registrar.	(Address) Collose, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	). ).	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19001
1. PLACE OF DEATH	(31)
County Talbol	Registration Dist. No. 290
Village or City Sastern And R	No. St., Ware death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	
2. FULL NAME Louis Callaham	
(a) Residence: No. For (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wille	21. DATE OF DEATH  (Month) 7 (Day)  (Febr)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Locallahan	22. I HEREBY CERTIFY. That I attended deceased from
0 0 000	I tast saw & alive on Que 6 193 3 tenth is sail
6. DATE OF BIRTH (month, day, and year) War 2 853 7. AGE Years Months Deys If LESS than	to have occurred on the date stated eboy of 4.50.4 m.
770 U 11. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Reliced Hause und SAWYER, BOOKKEEPER, etc Reliced Hause und 9. Industry or business in which	to Chronic nestitus
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) - 21.1923 - occupation	Megritis 193
12. BIRTHPLACE (city or town)	Other Cantributory Causes of importance:
13. NAME asbury Breaves	
E	N A A
(State or country) Rulenames Con Md	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Colongabeth Latina	Whet test confirmed diegnosis?
16. BIRTHPLACE (city or town). Deservange lea.  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Phomas H Calbahar (Address) . Easton and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carlon and Date 9 ,1932	Nature of injury
19. UNDERTAKER fames a special (Address) Earton and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/8 , 1932 MAR Plenis Registrar.	(Signed Medo Pressure 8 D M. C. (Address)
If more blanks are needed, address State Registrar,	24 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Example I	4 - 4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY OF THE P		Lance Carle	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 8 TREAL	July 5,1927	Peritonitis	3 days ago
,	1	_ •		
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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County  Village or City  Village for City  Villa	STATE OF MARYLAND	CERTIFICATE OF DEATH 69093
Village for City	1. PLACE OF DEATH)	92-0
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (C) St., Ward.  (b) Residence: No.  (C) Ward place of shook)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  (c) CLOUR PR RACE  (c) S. SINGER, MARRIED WIDOWED, OR DIVORCE Of bire the word)  (d) RESIDENCE (C) For BIRTH (month, day, and year)  (D) WIFE of Wards of Months  (D) Days  (E) LESS than 1 days,mis.  (E) Frace, profession, or particular  (E) SARVIEL, BARK, etc.  (E) Showed of the word on the date stated aboy at 1. If I should contain the particular of the country	County	Registration Dist. No.
2. FULL NAME  (a) Residence: No. (Unsulplace of shoole)  (b) PERSONAL AND STATISTICAL PARTICULARS  2. SEX  2. SEX  3. SEX  4. COLOR BRACE  (b) SINCE, MARRIED WINDOWED  (b) OR DIVORCED (white the world)  SI, If married, widowed, or divorced rigus and widowed, or divorced rigus and or di		No. St., Ward
(a) Residence: No. (Unus)slace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DIVORCES of the word)  3. If married, widowed, or divorced (cr) Wife of (cr		
(a) Residence: No. (Unus)slace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DIVORCES of the word)  3. If married, widowed, or divorced (cr) Wife of (cr	2. FULL NAME OMPRINGE Call	) ine
Clusial place of a bodo		St Ward
21. DATE OF DEATH    Color of Race   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Gefore the word)	(Usual place of abode)	If nonresident give city or town and State
Sa. If married, widowed, or divorced (Wood)		
HUSBAND of Cory Wife of Cory Wi		acey 31 ,1932
TAGE    Years   Months   Days   If LESS than   Iday   If LESS than   If LESS than   Iday   If LESS than   Iday   If LESS than   Iday   If LESS than   Iday   Ida	HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
1 day. hrs. or. min.  8. Irade, profession, or particular listed of work done, as SPINNER. SAWYER, BODAKEPER, etc. 1 suited of work was done, as SPINNER. SAWYER, BODAKEPER, etc. 1 suited of work was done, as SPINNER. SAWYER, BODAKEPER, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done, as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done as SILK MILL. SAW MILL, BANK, etc. 1 suited of work was done as SILK MILL, SAW MILL, BANK, etc. 1 suited of work was done as SILK MILL, SAW MILL, BANK, etc. 1 suited of work was done as SILK MILL, SAW MILL, BANK, etc. 1 suited of work was done as SILK MILL, SAW MILL, BANK, etc. 1 suited of operation. Saw of operation. Date of injury. 1 suited of saw of operation. Saw of operation. Saw of operation. Was there an autopsy? 2 suited of operation. Saw of op		- L1135 P
S I Frade, profession, or particular    Kind of work done, as SFINKM   Branch   Bran	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Name of operation.  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BIRTHPLACE (city or town) (State or country)  19. What test confirmed diagnosis?  19. Was there an autopsy?  20. FILEB  19. UNDERTAKER (Address)  10. Date of injury  11. Informant  12. Informant  13. Informant  14. BIRTHPLACE (city or town) (State or country)  Where did injury occur? (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  19. UNDERTAKER (Address)  19. (Signed) (Signed) (Address)  19. (Address)  10. Date of injury (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  19. (Address)  19. (Signed) (Signed) (Address)  19. (Address)	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brandate
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEE  20. FILEE  21. BIRTHPLACE (city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  18. BURIAL, CREMATION OR REMOVAL Place (Address)  20. FILEE  21. Specify  22. Was disease or injury in any way related to occupation of deceased?  22. Was disease or injury in any way related to occupation of deceased?  23. Specify  24. Was disease or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  25. Signed)  26. Was disease or injury in any way related to occupation of deceased?  26. Was disease or injury in any way related to occupation of deceased?  27. Was disease or injury in any way related to occupation of deceased?  28. Was disease or injury in any way related to occupation of deceased?  29. FILE  20. FILE  20. FILE  21. Specify  22. Was disease or injury in any way related to occupation of deceased?  22. Was disease or injury in any way related to occupation of deceased?  29. FILE  20. FILE  20. FILE  21. Specify  22. Was disease or injury in any way related to occupation of deceased?  20. FILE  21. Specify  22. Was disease or injury in any way related to occupation of deceased?  22. Was disease or injury in any way related to occupation of deceased?  20. FILE  21. Specify  22. Was disease or injury in any way related to occupation of deceased?  22. Was disease or injury in any way related to occupation of deceased?	9. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- 47,000
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  The Public Place  (Signed)  Registrar.  (Address)  M. Manner of injury in any way related to occupation of deceased?  M. M. Manner of injury  (Signed)  M. M		Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILE  21. IMPORMANT (Specify or town) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  19. UNDERTAKER (Address)		
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILE  21. IMPORMANT (Specify or town) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  19. UNDERTAKER (Address)	13. NAME Culkuaux	
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILE  21. IMPORMANT (Specify or town) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  19. UNDERTAKER (Address)	14. BIRTHPLACE (city or town)	Name of operation Date of
16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place Date Date  D	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Manner of injury   Nature of injury	15. MAIOEN NAME AUGUST	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Manner of injury   Nature of injury	6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  17. INFORMANT (Address)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)  M. (Address)  M. (Address)  M. (Address)  M. (Address)	(State or country)	(Specify city or town, county and State)
Place Date Date Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased? Comparison of deceased. Comparison of deceased of deceased of deceased of deceased of deceased of deceased of dece	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)	El Date Molla de	
20. FILED 1872 9 January (Signed) July Registrar. (Addiss) Tily Drews 2 1.		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED MATE 102 gf January	(Signed) Juffelle M. I
	1/ 1/	

CEDTICICATE OF DEATH

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Garring	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

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Example I	1		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1400	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	OBAIS	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	The second series and the second seco	3 days ago
	9			
Other contributory causes of importance:		Other contributory car	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE, FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

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	County	Talty	1,		Registration Dist. No. 2	94
	Village or City	Tills	Luca		No. St.	77
		- //	/	7	f death occurred in a hospital or institution, give its NAME instead of street an	
	Length of resider	nce In city or town where	death occurred	yrs. Jmo	s. ds. How long In U. S. N of foreign birth?yrs	_mos
2.	FULL NAM	E /201	4 00	zdu		
	(a) Residence	: No	(Usual place	-C-1-45	St., Ward.  If nonresident give city or town a	nd Stat
-	PERSONA	L AND STATIST		The second secon	MEDICAL CERTIFICATE OF DEATH	and the same
3. SEX		. COLOR OR RACE	S. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	
	Per !	w	OR OLVORCE	D (write the word)	(Month) (Day)	, 193
5a. ff	married, widowed	, or divorced		1 and		
	HUSBANO of (or) WIFE of	1			22. i HEREBY CERTIFY, That I attend	ed dece
					felt: 119 , to	-
6. 0A		onth, day, and year)  Months	Days	If LESS than	to have occurred on the date stated above, at 1900 fr.m.	; de
7. Au	O Teals	MOREIS	Days	1 day bis	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession	an or particular	-	Q Min N	were as follows:	Da
NO	kind of wer	k done, as SPINNER, OOKKEEPER, etc	5		Orderes of Corchaction	
UPAT	9. Industry or but		4		1 I dun.	
0	SAW MILL,	BANK, etc	-ore-		10 4	<
1014	Date deceased this occupat	ion (month and	sp:	time (years) ent in this	/ bull	/
12. 81	year)			правон	Other Contributory Causes of importance:	
12. B1	RTHPLACE (city of (State or country)		luna	~	P T S to affect	
<u>æ</u> 1	3. NAME	3	1 CB	1	2 st wall for was	
		Jak	a-Co	rug.	The state of the state of	
FAT	4. BIRTHPLACE (c (State or co		Tur	10	Name of operation Date el  What test confirmed diagnosis? Was there e	
œ 1	5. MAIDEN NAME	Parel	in &	marcial	23. If death was due to external causes (VIOLENCE) fill in also the follow	
프			11.	4	Accident, suicide, or homicide?	-
E	6. BIRTHPLACE (c (State or co		Glin	ran My	Where did Injury occur?	
1 17 101	FORMANT	Samo	Ken	en-	Specify whether injory occurred in MDUSTRY, in HOME, or in PUBLIC	PLACE.
17. IN	(Address)	Cu	dove	ma		
18. BL	JRIAL, CREMATIO	N, OR REMOVAL	0	. /-	Manner of injury	
	Plece	growing on	Date	5 9 19 2	Nature of Injury	
19. UI	NDERTAKER	fromme	leste	ton	24. Was disease er injury in any way related to occupation of deceased?	2
	(Address)	( m	(NOW)	lux	If so, specify	
-	(71001000)	1	111			

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D. Carlotte	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PREPAR V.B.			•
Other contributory causes of importance:		Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STAUL	run	LOKTHEK	DIVITINITINI	T) T	THEOLOGAM

V. S. No. 1 ä

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	V	U	U	0

1. PLACE OF DEATH	(1/9)
County TALBOT	Registration Dist. No. 290
	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  ads. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. UNION GROVE PRESTON, NO. (Usual place of abode)	/o, St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) SINGLE SINGLE SINGLE SINGLE SINGLE	21. DATE OF DEATH  ### ### ### ### ### ### #### ########
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from 1932, to any 384, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated eboye, at 3 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of onest  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spant in this occupation)  12. BIRTHPLACE (city or town) LINION GROYE, PRESTON (State or country) CAROLINE Co., MO.	Other Contributory Causes of Importance:
13. NAME EDDIE DEAN  14. BIRTHPLACE (city or town) TODD YYAR  (State or country) ND.	Name of operation Date of Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME CARLYN LINLEY	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CARLYN LINLEY  16. BIRTHPLACE (city or town) ? (1900PTED CHILD.  (State or country)  17. INFORMANT Nr. EDDIE DEAN	Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place FRIENOSHIP, MP. Date & UGUST, 1932	Manner of Injury
19. UNDERTAKER VIRGIL. MOOR E (Address) DENTON, MS.  20. FILED & J. 1932 M. H. Registrat.  Registrat.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)

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E	xample I		Example II	
The principal cause of dea of importance were as foll	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0.1002	1915	Attack of cpilepsy	1 week ago
Chronie interstitial nephritis	511 0 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Sett V.	July 5,1927	Peritonitis	3 days ago
	BUREAU	-		1
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs, mos.  2. FULL NAME  (a) Residence: No.  (busis place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3.5EX  4. COLOR OR RACE  OR BIVORCED (write hie word)  5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write hie word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  (If death occurred in a hospital or institution, give its NAME instead of street and number)  4. How long in U.S. if of foreign birth?  Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (Math)  (Day)  (Year)  1. HEREBY CERTIFY, That I attended deceased from the late stated above, at 130 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	4.0000
Village or City  Langth of residence in city or town where death occurred  (a) Residence: No  (b) June place of abode  (c) June place of abode  (d) June place of abode  (e) June place of abode  (e	1. PLACE OF DEATH		- Pra	03033
Village or City  Langth of residence in city or town where death occurred  (a) Residence: No  (b) June place of abode  (c) June place of abode  (d) June place of abode  (e) June place of abode  (e	County alta		Registration Dist. No. 2	7/
Length of residence in city or town where death occurred yrs, mos.  2. FULL NAME  (a) Residence: No	Village or City Shudi	vord MU	NDSt,	Ward
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  14. COLOR OR RACE  OR PINATES (INC.)  S. If married, widowed, or divolved (re) Wife of Annu Rounty (wife)  6. DATE OF BIRTH (month, day, and year)  Manual (re) Wife of Annu Rounty (wife)  6. DATE OF BIRTH (month), day, and year)  Manual (re) Wife of Annu Rounty (wife)  7. ACE  Years (Married, widowed, or divolved (re) Wife of Annu Rounty (wife)  8. Trade, profession, or particular Name (re) with swing (re) wife should be a stated above, at 11. Total lime (rears) or min.  12. Sav Hill, BRIK, etc.  13. Trade, profession, or particular Name (re) with swing (re) with swi				
(a) Residence: NO (Usua) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3-EX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, O'R BY SYSCED Vortice No well)  53. If naminal, widowed, or divolted control of the state of t	Length of residence in city or town where d	leath occurredyrs,mos	- GS. Now long in 0.3. ii of foleign bittin:yis.	_11103 03.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. CLOR OR RACE  5. SINCLE MARKED, WIDOWED  OR BINDRED Curvice in words)  1. DATE OF DEATH  (Math)  1. DATE OF DEATH  1. DATE	2. FULL NAME OURY	toocant,		
PERSONAL AND STATISTICAL PARTICULARS  1.5. SINGLE MARKED, WIDOWED, OR BUNGED (write two wd)  1.5. HT married, widowed, or divorced (cor) WiFe of Annu Rountry Lowfe  1.6. DATE OF BIRTH (month, day, and year)  1.7. AGE  Years  Mapaths  Days  1.7. LESS than 1 day. hrs. or million or particular Known or million or million or million or million or million. SANYER, BOOKKEPER, etc.  S. Nidustry or business in which the sand of work done as SPINNER, SANYER, BOOKKEPER, etc.  S. Nidustry or business in which the sand of work done as SPINNER, SANYER, BOOKKEPER, etc.  S. Nidustry or business in which the sand of work done as SPINNER, SANYER, BOOKKEPER, etc.  S. Nidustry or business in which the sand of work done as SPINNER, SANYER, BOOKKEPER, etc.  S. Nidustry or business in which the sand of the sa	(a) Residence: No	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
OR BIVORCED (write We wyd)  53. If married, widowed, or divorced HISSAND (Molth)  54. If married, widowed, or divorced HISSAND (Molth)  55. If married, widowed, or divorced HISSAND (Molth)  56. DATE OF BIRTH (month, day, and year)  57. ACE  CO  Sears  Mapaths  Days  If LESS than 1 day,	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	1 -
a. If married, widowed, or divorced HUSSAND of Constituting Lower Part of C	SEX 4. COLOR OR RACE	OR DIVORCED (write the word)	21. DATE OF DEATH arguet 3/	. 1932
HUSBAND of Cord Wife of Cord Round Roundry Louis  S. DATE OF BIRTH (month, day, and year)  Man Days  II LESS than 1 day, hrs. or min.  I day, hrs. or min.  S. ATTAGE, profession, or particular law and of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  S. Holdstyr or business in which work was done, as SILK MILL, SAWMILL, BAIK, etc.  S. Holdstyr or business in which work was done, as SILK MILL, SAWMILL, SA	is If married widowed or divorced	man o	(Math) (Day)	(Year)
Burning of service of the date stated above, at 130 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  One of the profession, or particular was SPINNER, SAWYER, BDOKKEPER, etc  SAWYER, BDOKKEPER, etc  In this occupation (month and year)  Date of a country)  Burning of secased last worked at this occupation (month and year)  It is malben hame  It is malben hame of operation  It is malben hame of operation  It is malben hame of injury  Nature of injury  It is on specify  (Specify divertown, county and State)  Specify whether lnjory occurrad in IMDUSIRY-int HOME, or in PUBLIC PLACE.  It so, specify  (Signed)  It so, specify  (Signed)	HUSBAND of	sitry (wife)	22. PCA I HEREBY CERTIFY, That I attend	led deceased from
A Company of the contributor Causes of Importance of Institution of Causes of Importance of Institution of Inst	· •	11/ 1040	district 19 to	, 19.
1 day	The state of the s	meh 1810		; death is said
9. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER etc. Advalument with the same and state of the same and state of this occupation (month and year)  12. BIRTHPLACE (city or town). A state or country)  13. NAME  14. BIRTHPLACE (city or town). Cistae or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Please of the same and th	778/ //			
SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, GREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Date  Date  J. J		ormin.	were as follows:	Date of onset
Description Descri	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Laborer en	Cerebral Cumorlage	8/31/3
Description Descri	9. Wdustry or business in which work was done, as SILK MILL,	MANAGE.		
Description occupation Description Descrip	SAW MILL, BANK, etc.	11. Total time (years)		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED HAVE  13. NAME  14. BIRTHPLACE (city or town) (State or country)  Name of operation.  Nater of injury occur?  (Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, nT HOME, or in PUBLIC PLACE.  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  16. Specify whether Injory occurred in injury  Nature of injury  Nature of injury  (Signed)	- I was occupation (month and	spantin this occupation		
(State or country)  14. BIRTHPLACE (city of town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMDVAL Place  19. UNDERTAKER (Address)  20. FILED HALL  13. NAME  14. BIRTHPLACE (city of town)  Was thare an autopsy?  23. If death was dua to axternal causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?  Specify city or town, county and State)  Specify whether Injory occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  20. FILED HALL  (Signed)  (Signed)  (Signed)	No	Loll	Dther Contributory Causes of importance:	1700
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, GREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED PLACE  (Signed)  Name of operation.  What test confirmed diagnosis? Was thare an autopsy?  Where diagnosis? Was thare an autopsy?  What test confirmed diagnosis? Was thare an autopsy?  What test confirmed diagnosis?  Was thare an autopsy?  Specify city or town, country and State)  Specify whether Injury occur? (Specify city or town, country and State)  Specify whether Injury  Nature of injury  19. UNDERTAKER (Address)  16. Soposify  Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or Injury in any way related to occupation of deceased?  16. So, specify (Signed)  Specify (Signed)  Specify (Signed)		Vo		
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, GREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED Held  10. State or country  Name of operation. What test confirmed diagnosis? Was thare an autopsy?  Where diagnosis? Was thare an autopsy?  Accident, sulcide, or homicide? Specify city or town, country and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  16. So, specify (Signed)  Name of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis? Was thare an autopsy?  Where diagnosis?  Specify city or town, country and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury in any way related to occupation of deceased?  16. So, specify (Signed)  (Signed)	# 13. NAME CUCLUST	Francast		
What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occur?  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Date  19. UNDERTAKER  (Address)  Continued diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Wanner of injury  Nature of injury  19. UNDERTAKER  (Address)  16 so, specify  (Signed)  (Signed)	Ε 7/ Λ.	orfunk	Name of operation Date of	of
16. BIRTHPLACE (city or town)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED By.  10. BIRTHPLACE (city or town)  Accident, sulcide, or homicide?  (Specify city or town, county and State)  Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or Injury in any way related to occupation of deceased?  16. So, specify  (Specify city or town, county and State)  Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)		1 20	What test confirmed diagnosis? Was there	an autopsy?
(State or country)  Where did Injury occur?  (Specify city or town, county and State)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED Like  (Signed)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did Injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did Injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did Injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did Injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or Injury in any way related to occupation of deceased?  16. So, specify  Nature of injury  (Signed)  (Signed)	15. MAIDEN NAME COMO	. Hoyntry	23. If death was dua to axternal causes (VIOLENCE) fill in also the follo	wing:
Specify city or town, county and State)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  19. UNDERTAKER (Address)  20. FILED ALM  10. Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  (Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER (Signed)  (Signed)  (Specify city or town, county and State)  Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)	6 16. BIRTHPLACE (city or town)	p braje	Accident, sulcide, or homicide?Date of injury	, 19
17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  Date  4. Was disease or Injury in any way related to occupation of deceased?  19. UNDERTAKER (Address)  16. So, specify  (Signed)  (Signed)	∑ (State or country)	L Vo	(Specify city or town, county and	State)
Place Date Sept. 3 , 1932 Nature of injury  19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased less life so, specify  20. FILED Deft. 1932 Johns Howwalls (Signed)		toocart-	Specify whether Injory occurred In INDUSTRY, IT HOME, or in PUBLIC	PLACE.
19. UNDERTAKER  (Address)  24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)	18. BURIAL, CREMATION, OR REMOVAL	lell a	Manner of injury	
19. UNDERTAKER (Address)  20. FILED Asks. 1932 Johns Huwales (Signed)	Place Dyes	Date 94 3 ,1931	Nature of injury	
20. FILED Deft ) 1932 John Howales (Signed) Tomm & Selle	11	breeze Os o		red
	0.1-1 27 2	him Howales	- Lille	3M. E
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				lend)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 19.72	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 reek ago
Chronic interstitial nephritis  Cerebral hemorrhage  V. S.	July 5,1927	Peritonitis	3 days ago
San S. Zallinghamay	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

<b>F4</b>	
No.	
<b>2/2</b>	
>	

1	. PLACE OF DEATH	
	County Jacob.	Registration Dist. No. 290
	Village of City & Coton	No. Guer . Hospilal St: Wa
24	(If Length of residence in city or lown where death occurredyrsmos.	death occurred in a hospital of institution give its NAME instead of street and number)  ds. How long in U.S. if of foleign birth?
, ,	FULL NAME Felles Headen	- (4 whs)
-	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	none. OR DIVORCED (rurite the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
58.	If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fi
6. I	DATE OF BIRTH (month, day, and year) Que 26, 19,32	I last saw h alive on, 19; death is s
7. /	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
NO.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	
PATI	9 Industry or husiness in which	r of box
밁	work was done, as SILK MILL, SAW MILL, BANK, etc	
Ö	10. Data deceased last worked at this occupation (month and year)	
	C	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town). (State or country)	
HER	13. NAME In Amia Irange Heaveaux	
FATH	14. BIRTHPLACE (city or town) Ridgely mid.	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Welyn Grace Votes	23. If death was due to external causes (VIOLENCE) fill in also the following:
0	16. BIRTHPLACE (city or town) I Tad due umage	Accident, suicide, or homicida? Oata of injury, 19
-	(State or country) many land,	Where did injury occur? (Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Gastau Date /26 ,193	Nature of injury
19.	UNDERTAKES ME COLLEMN ACAITAL	24. Was disease or injury in any way related to occupation of deceasad?
	(Address)	If so, specify
20.	FILED 1 1932 M. H. Merris	(Signed) Mit Fature of M
	Registrar.	(Address) Coplace Co.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

S. No. 1 20, FILEO

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

mation should

B. ż

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10	(1)	1	46.53
U	J	I	02

1. PLACE OF DEATH	0
County Calbas	Registration Dist. No. 293
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U. S. if of foreign birth?yrsmosds.
(a) Residence: No. Yward Per dora (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapide the word)  Lingle	21. DATE OF DEATH  August 14 (1932) (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WtFE of  6. DATE OF BIRTH (month, day, end year) Dec 23, /9/2,  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc. thdustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and separation function).	22. I HEREBY CERTIFY, That I attended deceased from Aug 2 ,19 3 2, to Aug 1 ,19 3 2.  I last saw h in alive on Aug 14 ,19 3 2; death is said to have occurred on the date stated above, et 7 / 2 m.  The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:  Date of onset  Date of onset
year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Os car Nenry Huntuman  14. BIRTHPLACE (city or town) (State or country)	Dither Contributory Canses of Importance: It as more hages  Accases. Les Haems Theles (Congelial)  Name of operation  Date of  What test confirmed diagnosis?  Wes there an autopsy?
15. MAIDEN NAME / Ceallice Fre Cormicse  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT Unold: Jt, Nunteman (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL  Place S. James Zuchengone S. 17, 1932	Manner of injury
19. UNDERTAKER Jam. a. Spiner (Address)  20. FILED 8/16, 1932, J. L. Gardner Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  (Address)

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Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

09103

	Registration Dist. No. 290	
· -	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
1	Sunds. How long in U.S. If of foreign birth?yrsmo	
3	NO MM.	3
1	deam.	
	St., Ward. Withwar, ma	
-	If nonresident give city or town and	State
-	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	
1	(Month) (Day)	193 2
the same of same		
	22. I HEREBY CERTIFY That I attended d	27
1	ally 31, 1932, to ally 31	, 19_20
-	I last saw h alive on	death is said
	to have occurred on the date stated above, atl_0_mm.	
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	nere as ronows.	Data of onsat
	Veretanili	8/29 32
	Very and	1-1-1-12
1		
4	<b>3</b>	
	Other Contributory Causes of importance:	
-	affendereles acert.	0/261
		OfFEST
-	Name of operation sufar along & draw Date of &	124.32
- 1	Name of operation defar along & draw Date of C	Aura .
-	What test confirmed diagnosis? Culled Was there an a	utopsy? (LC)
	23. If death was due to external causes (VIOLENCE) fill in also the following	
	Accident, suicide, or homicide? Date of injury	, 19
	Where did injury occur?	
_	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ICE.
	Manner of injury	
	Nature of injury	
-		7 1
	24. Was disease or Injury in any way related to occupation of deceased?	(1)
	If so, specify	
	(Signed)	ØM. D.
	(Address) ED ALBU DUD	
	N Charles Course Palainens Parantens 671 C Nr.	

Registrar.

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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	09104
County (albat.	Registration Dist. No. 291
Village or City It Michael Sal	NoSt,Ward
Length of residence in cily or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME VILLA John	
(a) Residence: No. 1+ Owstran	St. Ward.
(a) Residence. (No. Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Timan 600 Marrier	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced flee folings on (or) WIFE of	22 July 30 1932 to lug 2 1932
6. DATE OF BIRTH (month, day, and year) June 6- 1859	I lest saw h RN elive on Desa 2, 1932/; death Is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, A. T. H. m.
73 one 27 1dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importanca were as follows:
8. Trade, profession, or perliculer kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Deta deceased last worked al this occupation (month end this properties) spent in this security in the security of the se	Cerebral Hyperemia
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Taralysis ( troke)
Deta deceased last worked al this occupetion (month end per yeer).	
Dance Gall	Other Contributory Causes of Importenca:
12. BIRTHPLACE (city or lown) (State or country)	
W 13. NAME W Llayer	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation. Women Dete of
(State of County)	What test confirmed diagnosis? Now Wes there en autopsy? No
15. MAIDEN NAME Salto Jacob 16. BIRTHPLACE (city on town) Tollow	23. If death was due to externel ceuses (VIOLENCE) fill in elso tha following:
5 16. BIRTHPLACE (city on town) Talbox lay	Accident, sulcide, or homicide? Dete ef injury, 19
(Stata or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Towns of all	Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa Detection Detection 6,193	Nalure of injury
19. UNDERTAKER A Machina	24. Was disease or injury In any way releted to occupation of deceasad?
20. FILED ang 4 , 1922 John Howales	(Signod) hulf Jacus M. D.  (Address) St Muchaela
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	Bergi.
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH mation should be carefully		WIT	efully
S E		PLAINLY,	ould be car
N. B.	0.1	-WRITE	mation sh
	ž ń	N. B.	(

	MAKILAND	-CERTIFICATE	OI DE	4117	0.64.65
1. PLACE OF DEATH		(183)			naina
County Falloc	·		Registration	Dist. No. 24	۲
Village or City New Track	ye	No.	NIAN	St.,	War
Length of residence in city or town where dea	th occurred 9 vrs 7	(If death occurred in a hospital or institutions. 8 ds. How long in U.S. if			
61) 0	1 . Oh	2001			
2. FULL NAME OKANUA	of kindwork to				
(a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresiden	at give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICAT	E OF DEATH	1
SEX 4. COLOR OR RACE 5	or DIVORCED (write the word		aug	64	193 1
a. If married, widowed, or divorced	June		(Month)	(Day)	(Yoar)
HUSBANO of (or) WIFE of		22. I HEREBY	CERTIF	Y, That I attend	led deceased fro
^			, 19, to		, 19
DATE OF BIRTH (month, day, and year)	e 29-192	i last saw h alive on	4.		; death is sa
. AGE Years Months	Day If LESS that				
9	8   1 day,min.	were as follows:	IM and telated car	ises of importance	Oate of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0 - 8 Ru -	2	-	70.	
SAWYER, BOOKKEEPER, etc	econic 18	Durwan	( cicus	mex)-	
S I Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this				
year) year)	occupation	Other Contributory Causes of imp	ortones:		
2. BIRTHPLACE (city or town)	T60.,	Other Contributory Causes of This	ontance.		
(State or country)					
13. NAME Kaymond /te	ury jones				
13. NAME Caymond /te	T	Name of operation		Oate o	f
(State of Country)	in Un-	What test confirmed diagnosis?		Was there	an autopsy?
15. MAIOEN NAME Rellie	may deslow	23. If death was due to external ca	uses (VIOLENCE)	fill in also the follow	wing:
16. BIRTHPLACE (city or town)	1 Flor	Accident, suicide, or homicide?		Oate of Injury	, 19
(State or country)	70C 90	Where did injury occur?	(Specify city	or town, county and	State)
7, INFORMANT (Address)	Fraghe, R.S	Specify whether injury occurred i	n INDUSTRY, In H	IOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	a. a.	Manner of injury			
Place Saston	Date	Nature of injury			
9. UNOERTAKER James C &	Geston no	24. Was disease or injury in any v	vay related to occu	pation of deceased?	no
A		1	1 10 /-	/	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	-	DEATH	-			0 0 x
	ounty\	alpo				Registration Dist. No.
- V	illage of Ci	ty Ga	3+0n		(JE	death occurred in a hospital or restitution, give its NAM binstead of street and number)
. 4	ength of resid	ence in city or t	town where de:	ath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos
2. FL	JLL NAN	NE TES	Fus.	Kind	124.	
(8	a) Residenc	e: No.				St. Ward.
				(Usual place o		If nonresident give city or town and State
	PERSON			CAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX	M.	4. COLOR OR	NACE .	5. SINGLE, MARF OR DIVORCED	(write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yea
Hus	rried, widowe BAND of WIFE of	d, or divorced				22. I HEREBY CERTIFY, That I attended deceased
(01)	WIFE OF					, 19, to, 19, 19
6. DATE	OF BIRTH (	month, day, and	year)	ma 2'	8.1932	I last saw h; death Is
7. AGE	Year	S	Months	Olys	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
					ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. 1	Frade, profess kind of w	sion, or particula ork done, as SP BOOKKEEPER, e	ar INNER,			( Jellow:
E D		BOOKKEEPER, e usiness In which				3
OCCUPATION	work was SAW MILI	done, as SILK A , BANK, etc	MILL,			
0 10	Date decease	d last worked a	t	11. Total tip	me (years) tin this	
1	year)				pation	Other Contributory Causes of importance:
		or town).	aut	ALL I		Other Countries of Importance.
1	State or coun	try)		rud	*	
当 13. 1	NAME ( M	1. W.	Miam	J. K.	odley.	
13. N		(city or town)	union	town:	ma	Name of operation Date of
	(State or		V .	1.		What test confirmed diagnosis? Was there an autopsy?
15. † 16. E	MAIOEN NAN	IE CLOS	elyna	Taph		23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. E	STATE OF	(city or town)	سعدي	my 'N	rang Xand	Accident, suicide, or homicide?, 19
-	m		0 -	, arran	County	Where did injury occur?(Specify city or town, county and State)
17. INFO	RMANT 3	30 6 5 L	Iton S	Trindle	The me	Specify whether injury occurred In INDÚSTRY, In HOME, or in PUBLIC PLACE.
		ON, OR REMOV	AL	0/	and Me	Manner of injury
P	lace&	estor	٠	Date Do	28,132	Nature of Injury
10 IINDE	RTAKER	200	. 004	1000	Naubital	24. Was disease or injury in any way related to occupation of deceased?
	Address)	3-17-2	de	Such		If so, specify
20. FILED	8/3	39.,193	2 7	7)71.}	lecrus Registrar.	(Signed) (Address) Coastan Red
2/ * W = 1 Wee	/		If more hi	lanks are needed as		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
			AJ MOIC VI	mines wit necessary wi	AMILES COMME TECOMONIAL	2411 14. Charter Street, Dathmore, Acquesting U. S. 140. 1.

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Example	ECEIVE	Example II		
The principal cause of death and of importance were as follows:  Arteriosclerosis	related causes SEP 3 1932	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		3 1921	Run over by street car	1 week ago
Cerebral hemorrhage	URBAU V	July 5, 1927	Peritonitis	3 days ago
	P			
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MA	KA	lass	
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly class	TION is very important. See instructions on back of certificate.
A	ted	per	Lifica
SIS	Sta	pro	cer
HIS	be	he	of
T	ould	нау	back
INK	sh	it	on I
[5]	GE	that	Suc
DIN	-4	80	ictic
FA	lied	ms,	stri
5	ddn	ter	e ir
TH	ly s	lain	S
WI	eful	in p	ant.
LY,	car	TH	ort
E	be	EA	imp
PLA	plno	D F	ery
到	sh	田〇田	is v
RI	tion	SO	NO
=	ma	CA	Ī
B.			
Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	3
Village or City 6aston, (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in S. if of foreign birth?yrsmosds.
FULL NAME Daby King	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T Dlack. Sincle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(W) WILL U	
6. DATE OF BIRTH (month, day, and year) Que 20, 1932	I last saw h alive on, 19; death is sald
7. AGE Years Months Days if LESS than	to have occurred on the date stated above of
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	wera as follows:  Date of onset
A. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	and the same of th
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 2 as low	
(State or country)	
14. BIRTHPLACE (city or town) Gallinge Mcl	Cellon
14. BIRTHPLACE (city or town) ( ) all with the (State or country)	Name of operation ( alsarlan Date of & 2032
	What test confirmed diagnosis? Was there an autopsy?
H Containing	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
91° a V	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Cenes of le max	Specify whether injury occurred in INDUSTRY, In HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Crue gency Hospitabate ling: 20, 19 31	Nature of injury
19. UNDERTAKER Emergence Jaspital	24. Was disaase or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 8/93, 1937 7 1151 / Levie	(Signed) M. D.
Registrar.  If more blanks are needed address State Penistran	(Address)
, see needed, wastern State Acgistrar,	44. A. Chartes Street, Dattimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108 Dr Dense
County (albo)	Registration Dist. No. 29
Village or City Carlow Ind.	No. St., Ward
Length of residence in city or town where death occurred yes	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mos ds. How long in U.S. if of foreign birth? yrs, mos ds.
20 FULL NAME MANY / NOR COM	Toward de
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (purite the wor	
semale letter levisour	(Month) (Day) (Year)
HUSBAND of	22. O I HERES CERTIFY. That I attended disceased from
(or) WIFE of Augustale Se	HERETY CERTIFY, That I attended pleceased from
DATE OF BIRTH (month, day, and year)	2 11 saw her alive on aug. 4 thing 1, 1932, death Is said
AGE Years Months Days If LESS th	
68 9 10 1 day,	THE FAINCIGAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular 4/	Lobar menenia. Pate of onse
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 3 11. Total time (years) his occupation (month and	
10. Date deceased last worked at 3 (11. Total time (years)	43/-
this occupation (month and year)	<b>4</b>
	Bthes Contributory Causes of importance:
2. BfRTHPLACE (city or town)  (State or country)	- wit Paluenay Subolin Get
13, NAME Brilliam Bruse	- with Offenay Rubolism and
13. NAME  14. BIRTHPLACE (city or town)	Name of passation
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM Legalic Con Therence	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury Occur?
7. INFORMANT CALITA a Brusses	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sauton 2000	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Delow Mrd. Date 0/0/01, 19	Nature of injury
9. UNDERTAKED GREEN OF STREET	24. Was disease or injury in any way related to occupation of deceased?
(Address) Esolow md	If so, specify
20. FILED 8/8 1932 MY Noring	(Signed) / rellegen Delymons M. D
U. TILLU	

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	1	A STATE OF THE STA	
1198 1198 49 1991		1 4 2 5 4 1	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	-	
and the state of			
	1 1		

* ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County And Coun	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City.  Length of residence in city or town where death securing and the country of the subsection of the subs	1. PLACE OF DEATH	920
Length of residence in city or form where death occurred by most discharged and municipal continuition, give in NAME instead of steet and number?  2. FULL NAME  (a) Residence: No.  (b) Marginer of shools  (c) Residence: No.  (c) Marginer of shools  (d) Residence: No.  (d) Residence: No	County /albat	Registration Dist. No. 29/
Length of residence in dity or town where death accurred.  (a) Residence: No	Village or City Stanchauma	
(a) Residence: No. St. Ward.  (b) Residence: No. St. Ward.  (b) Residence: No. St. Ward.  (c) Re		
(a) Residence: No. A Close of Mulphale (Usual place of shooles)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  S. SINGLE MARKED, WIDOVERD, OR BYOCKED Covers this wordy  GOT WITE OF BIRTH (month, day, and year)  F. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  F. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. Trace, protestin, or particular in the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date dated discovered in mortance with the security of the date of the date dated discovered in mortance with the date dated discovered in mortance with the date dated date	e the	
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PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINCLE, MARRED, WIDDWED  OR DHYGRED OR DEATH  OR DHYGRED OR DEATH  J. SEX  4. COLOR OR RACE  S. SINCLE, MARRED, WIDDWED  OR DHYGRED OR DEATH  J. SEX  J. WILLIAM OR SEX  J. WILLIAM OR SEX  J. WILLIAM OR SEX  MODIS  S. LIT Married, widowed, or divorced HUSAND OI  Grown Mill.  J. S. Trade, profession, or particibility  S. Trade, profession, or particibility  J. T. Marticibility  J. S. Trade, profession, or particibility  J. S. Tra		
So. If married, widowed, or divorced HUSAND (Day)  So. If married, widowed, or divorced HUSAND (Day)  So. DATE OF BIRTH (month, day, and year)  So. Date Of	STATE OF THE STATE	
50. IT married, widowed, or divorcad HUSAND of Carl Wife of Work done by SPINKER.  S. Trade, profession, or particular kind of work done by SPINKER.  S. Trade, profession, or particular kind of work done by SPINKER.  S. Trade, profession, or particular wife of Wife Bound of Work done by SPINKER.  S. Trade, profession, or particular wife of Wife Bound of Work done by SPINKER.  S. Trade, profession, or particular wife as follows:  10 Data decessed last worked at the SPINKER.  S. Trade, profession, or particular wife as follows:  10 Data decessed last worked at the SPINKER.  S. Trade, profession, or particular wife as follows:  10 Data decessed last worked at the SPINKER.  S. Andustry or business in which the SPINKER.  S. Andustry or during the SPINKER.  S. Andustry or during the SPINKER.  S. Andustry or business in whi	OR Dty ORCED (write the word)	Clug 10 193 2
6. DATE OF BIRTH (month, day, and year) June 6 1880  7. AGE Years Months Days II LESS than 1 day. https://doi.org/10.10.10.10.10.10.10.10.10.10.10.10.10.1	5a, If married, widowed, or divorcad	Amonth) (bay) (real)
5. DATE OF BIRTH (month, day, and year) funct 6 880  7. AGE Years Months Days II LESS than 1 day, his. or min.  8. Trade, profession, or particular for min.  9. Industry or business in which work was done, as SHINER, SAWER, BOUNKEFER, etc.  9. Industry or business in which work was done, as SHINER, SAWER, BOUNKEFER, etc.  9. Industry or business in which work was done, as SHINER, SAWER, BOUNKEFER, etc.  9. Industry or business in which work was done, as SHINER, shill for the profession of the date deceased last worked at his past in tests of the profession of the date deceased last worked at his past in tests of the profession of the date deceased last worked at his past in tests of the profession of the date deceased last worked at his past in tests of the profession of the date of the profession of the profession of the profession of the date of the profession of the profession of the date of the profession of the profession of the	HUSBAND of Husband S	A 2 31 Kluc 12 30
8. Trade, profession, or particular find of work done as SPINNER, SAWHER, BUNKERER, etc.  9. Industry or business in which was done as SSI kM MILL, BATK, etc.  10. Path accompation (month and support in this occupation (month and support in this occupation).  11. Total time (years) spent in this occupation (month and support in this occupation).  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  16. BIRTHPLACE (city or town).  17. INFORMANT  (Address).  18. BURIAL, CREMATION, OR REMOVAL  Place  Page Country  19. UNDERTAKER  (Address).  20. FILED AMY 1.3. 19.3. John Huwalls  (Signed).  M. D.  (Address).  M. D.  18. Specify diversed to occupation of deceased?  M. D.  (Address).  (Address).  M. D.  (Address).  M. D.  (Address).  (Address).  M. D.  (Address).  M. D.  (Address).  (Address).  M. D.  (Address).  (Address).  M. D.  (Address).  (Address).  M. D.  (Address).	6. DATE OF BIRTH (month, day, and year) June 6 1880	0
8. Trade, profession, or particular  SAWYER, BOOKKEFFER, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Industry or business in which SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Address)  10. FILED  11. Total time (years) spent in this occupation Deter Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. BURIAL, CREMATION, OR REMOVAL Place (Address)  16. BURIAL, CREMATION, OR REMOVAL Place (Address)  17. UNDERTAKER (Address)  18. DURATAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. FILED  11. Total time (years) spent in this occupation Deter disposition Specify  19. UNDERTAKER (Address)  10. FILED  11. Total time (years) spent in this occupation Deter disposition Deter Country Date of importance: Deter disposition Deter Country Determine		
Save Registrant   Save Regis	0.7 (0.54.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	was as fallows a
Description of the Contributory Causes of importance:    12. BIRTHPLACE (city or town)   Description	8. Trade, profession, or particular kind of work done, as SPINNER,	MATTO
Description of the Contributory Causes of importance:    12. BIRTHPLACE (city or town)   Description	SAWYER, BDDKKEEPER, etc.	Marax juguestration
Description of the Contributory Causes of importance:    12. BIRTHPLACE (city or town)   Description	work was done, as SILK MILL,	1951
13. NAME   Sugar   Superation   Secretary   Superation   Secretary   Secreta		
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMDVAL Place Payal  19. UNDERTAKER (Address)  20. FILED  Aug 13. 193. John Howeled  17. INFORMANT  18. Specify (Signed)  20. FILED  Aug 13. 193. John Howeled  17. INFORMANT (Address)  20. FILED  Aug 13. 193. John Howeled  (Signed)  Manner of injury (Signed)  M. B.  (Address)  Manner of injury (Signed)  M. B.  (Address)  M. B.  (Address)  Manner of injury (Signed)  M. B.  (Address)  M. B.  (Address)  M. B.  (Address)  Manner of injury (Signed)  M. B.  (Address)  M. B.  (Address)  M. B.  (Address)  M. B.  (Address)	Bellen	Dthar Contributory Causes of importance:
13. NAME Engre State of country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMDVAL Place Payal Cafe Date (My 15. 19.5.2  19. UNDERTAKER (Address)  20. FILED Auf 13. 19.3. John Huwalls Tokan Registrar.  18. Date (My 15. 19.5.2  (Address)  18. Or Addrass  18. Or Addrass  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. (Address)  11. (Address)  12. (Address)  13. NAME  Name of operation  What test confirmed diagnosis?  Was thera an autopsy? No What test confirmed diagnosis?  Accident, sulcide, or homicide?  Specify city or town, county and State)  Spacify whether injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Natura of injury  24. Was disease or injury in any way related to occupation of deceased?  15. Specify (Signed)  M. D. (Address)  M. D. (Address)		Mariera O Octema
What test confirmed diagnosis? Was there an autopsy? 12  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMDVAL Place Page Oat Oat Date (Material Country)  19. UNDERTAKER (Address)  20. FILED Aug 13. 1932 John Howeld  21. Information of confirmed diagnosis? Was there an autopsy? 12  What test confirmed diagnosis? Was there an autopsy? 12  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide? Date of injury occurr?  (Specify city or town, county and State)  Spacify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Natura of injury  24. Was disease or injury in any way related to occupation of deceased?  15. so, specify  (Address)  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)  M. D. (Address)		
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Place Payed Oak Date My 15, 19.52 Natura of injury  19. UNDERTAKER And Structure Struc		Spacify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
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20. FILED Any 1,3, 1932 John Huwales (Signed) John Huchalls M.D. (Address) St. Muchalls		
10000	20. FILED Que 13 1932 John Howales	(Signed) M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

The state of the s	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09110
1. PLACE OF DEATH	92-00
County Tallot	Registration Dist. No. 294
Village or City Walturger	
	NoSt,Ward dcath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. it of foreign birth?mosds.
2. FULL NAME Potent Edward In	ller
(a) Residence: No. Wallscare (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (verice Me word) Single	21. DATE OF DEATH  (Month)  (Pay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) weeks see 1873	I last sawh the alive on Grand 13 19.32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, of 2-16 1/4 2000
5-9 1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month end yeer)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. NAME  15. NAME  16. Saw MILL, Saw Mill, Saw Mill, Saw Mill, Saw Mill, BANK, etc.  17. Saw Mill, BANK, etc.  18. Trede, profession, or particular kind of work was done, es SILK MILL, Saw Mill, BANK, etc.  19. Trades of work done, as SPINNER, Saw Mill, Saw Mill, Saw Mill, Saw Mill, BANK, etc.  16. Saw Mill, BANK, etc.  17. Total time (years) speak in this occupation (state or country)	Other Contributory Causes of importance:  Luck Aurosanco Grass
13. NAME asbury Weller  14. BIRTHPLACE (city or town) / Jallott les (State or country)	Name of operation Date of What test confirmed diegnosis? Was there en aulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (Stete or country)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?
17. INFORMANT (Address) William	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Down Date Cut 20, 1931	Manner of injury
D. UNDERTAKER A Manhael (Address) Spishael 300	24. Wes diseese or injury in any way related to occupation of deceased?
20. FILED Gy 20, 1932 Mro Victor & Porter Registrar.	(Signed) M. D.  (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOL	REURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

		STATE OF MARYLAND—	CERTIFICATE OF DEATH 09111
	1	. PLACE OF DEATH	
		101/2	46
		County 10106 1	Registration Dist. No. 440.
		Village of City 6 Mel Oxluly ) tosping	No. 605/04, Mard st., Ward
		Length of residence in city or town where death occurred	death occurred in a horpital of institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	94,	My (P. /m -100	O TOWN TOWN OF THE PARTY OF THE
0	4	FULL NAME THE SOUTH	mau
		(a) Residence: No. She Discontinuous (Usual place of abode)	St., Ward.
	p. shells	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	3. 8		21. DATE OF DEATH
	,	OR DIVORCED (write the word)	MALE OF DEATH (MALE) No 1022
	50	If married, wideward, or diversed	(Month) (Day) (Year)
	Ja.	HUSBAND of Mys OHace Mous of Man	22.   I HEREBY CERTIFX, That I attended deceased from
1		with the direct thanks of	( ) 1932 10 Char 76 1932
· ·	6. I	DATE OF BIRTH (month, day, and year) May ch. 6, 1861	I last saw h MM alive on Qua To 1932 death is said
cat	7. A		to have occurred on the date stated above, at 2) to -m.
certificate		[1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
cer	-		were as follows: Data of onset
Jo	OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, of work done, as SPINNER, of work done is SAWYER, BOOKKEFPER, etc	
	AT	9. Industry or husiness in which	
back	SU	work was done, as SILK MILL, SAW MILL, BANK, etc	
uo	00	10. Date deceased last worked at this occupation (month and spant in this	
SU		year) occupation	
1013	12	BIRTHPLACE (city or town)	Dther Contributory Causes of importanca:
ruc	14.	(State or country)	hosely to the
instructions	ER	13. NAME In a Money eskay!	part and fully
	FATHER	14. BIRTHPLACE (city or town) LAR	Name of operation, Jessellon 2 Stowed Date of AUT 32
See	F	(State or country)	
ابد	2	15. MAIDEN NAME PALAL ALLER )	What test confirmed diagnosis? Was there an autopsy?
tan	MOTHER	11 14 22	23. If death was due to external causes (VIDL ENCE) fill in also the following:
por	MO	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
important.		Mills the mills	Where did injury occur? (Specify city or town, county and State)
	17.	(Address) A Calla March Do M	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
3	18.	BURIAL, CREMATION, DR REMOVAL	
SI		Place Chesterlan Date Quegs 8 1932	Manner of injury
Z		14.	Nature of injury
TION	19.	UNDERTAKER Of Profession	24. Was disease or injury in any way related to occupation of deceesed?
		(Address) Chesterland.	If so, specify
		(1/1/12, 37, 77 77 74 71, )	(Signed)

(Address)

Registrar.

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E	xample-I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	050 0 1019	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEE S AND	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V.	S July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:	to project on	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-.0 mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important. -WRIPE

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County Jalbot.	Registration Dist. No. 291
Village or City Caston (If	No. Crue gen Can Horpital St., Ward death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in V.S. if of foreign birth? yrsmosds.
2. FULL NAME Mr. Charles M	ovis.
(a) Residence: No. (Usual place of abode)	St., Ward. Still Fond May fand, If wonresident give city or fown and Silve
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day,hrs.  ormin,	I last saw h
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total tima (years) spent in this occupation.	Show follow factures 2 retis chapula loncussion 7 Aug 20 brain + internal injuries
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Nove Date of What test confirmed diagnosis? X Ray Was there an aulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? We ident Data of Injury Rug 20, 1937  Where did injury occur? hear Atill O and Mad  (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mrood - Auto mother accident
18. BURIAL, CREMATION, OR REMOVAL Place Stell grad, Md Date Queg 29, 19.33	Manner of injury Tracture 7 rule , acceptula
19. UNDERTAKER 10. Stillpond Manyla	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Aug 39, 19 32 M. H. Nevers Registrar.	(Signed) Williams / Ohumond M. D.  (Address) Lastons M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	) 		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

N. B.-WRITE mation

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09113
1. PLACE OF DEATH	67)
county / cell-cot	Registration Dist. No. 290
Village or City Coston	No. Come get y total Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)  1. 1. 2 ds How long in U.S. It of foreign birth?
10 0 11 00. 1	S. T. Y. Land John D. G. S. H. G. G. H. G. G. H. G.
2. FULL NAME / Saley Haddel T	hilliers
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0 0 100	100000
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs	
	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Letaur Letaur
A. Frede, profession, or particular to the following profession of the following profession which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this corruption from the companion of the corruption from the same in this corruption from the corruption from the corruption from the corruption of the corruption from the corr	
-   Sport in this	VV
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - St. Muchaels	Cleft Palate - perutunt
(State or country) many and	- thyanis.
13. NAME Kennedy Phillips	
14. BIRTHPLACE (city or town) 1 2 14. Grand Control of the Control	Name of operation
(State or country) Triding and	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Mary Low House	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) St. Muchael	Accident, suicide, or homicide? Date of injury, 19
State or country) of and and	Where did injury occur?
Henry San Politica	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) A Wichael Avar Jane	S Specify whether injury occurred in The Dostat, in Home, of the obeld FEAGE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Filahanan Md Date 8/19 1939	Nature of injury
Y/ J/L	
19. UNDERTAKER AND TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	24. Was disease or injury in any way related to occupation of deceased?
(Address) St Mulinels	If so, specify
20. FILED 8/18 , 132 // 1 / LONG Resistrar,	(Signed) (Address) CELLIN M. I
Acgistrar.	" (/11010)0)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		* Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CFP 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PIIREAU V. S.	July 5,1927	Peritonitis	3 days ago
	١		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

AN	A C	ssifi	
BRM	mation should be carefully supplied. AGE should be stated EXAC'	cla	e.
A P	ed ]	erly	ficat
IS	stat	pro	erti
HIS	pe	pe	TION is very important. See instructions on back of certificate.
T-	plno	нау	back
INK	she	t it 1	on l
NG	AGE	tha	Suo
ADI	d.	s, S0	ruct
NF	pplie	ermi	inst
U H	sul	in t	See
WIT	fully	a pla	at.
Υ,	care	HH	orta
INL	pe	EAT	imp
PLA	pluo	F D	erv
TE	ı sh	E O	is v
KRI,	ation	ACS	NO
3.7	H	U	L
N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN	6	CAUSE OF DEATH in plain terms, so that it may be properly classifi	1

	VI F F III
1. PLACE OF DEATH	
County / albot Registration Dist. No. 2	40
Village or City Easter Notherland Haspite	
(If death occurred in a hospital or institution, give its NAME instead of street when the first of residence in city or town where death occurred yrs mos. 2 ds. How long in U.S. of foreign birth yrs.	10.00
Length of residence in city or town where death occurredyrs,mos. 12 ds. How long in U. S.W of foreign birth?yrs	_ mosds.
2. FULL NAME VIII LIPPU	
(a) Residence: NoSt., Ward.  (Usual place of abode) St., Ward.  If nonresident give city or town	16
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATI	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
T OR DIVORCED (write the word)	, 193 2
5a. If married, widowed, or divorced (Month) (Oay)	(Year)
HUSBANO of (or) WIFE of	
Jug 27, 19.32, 10. Una	30,1932
	3_2, death is said
7. AGE Years Months Jays If LESS than to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Tracline flersical	8/2332
9 Statustry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.	
0 10. Oate deceased last worked at 11. Total time (years)	
year) occupation occupation	
12. BIRTHPLACE (city or town) Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	
(State or country) Ma - True lile (Creeched Cor)	-)-
I 13. NAME Carrol Cyphia	
13. NAME Carral 14. BIRTHPLACE (city or town)  Name of operation 2001 Oate	Of
(State or country) What test confirmed diagnosis? Cluvell Was there	an autopsy? US
15. MAIOEN NAME (Live B. Relly 23. If death was due to external causes (VIOLENCE) fill in elso the folio	wing:
15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  23. If death was due to external causes (VIOLENCE) fill in elso the following the property of the proper	23 1932
where did injury occur, and the state of the	Will -
(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
(Address) Sanderse nd. selected on public 16	yhuray.
18. BURIAL, CIGMATION, OR REMOVAL Manner of injury Rule Occullus.	
Place Mean Annual Date 7 1 , 19.3 Nature of injury	
19. UNDERTAKER P. D. Mawlings 1 24. Was disease or injury in eny way related to occupation of deceased	lis.
(Address) Lieus and May If so, specify	
20. FILED any 30, 19 32 n. H. Nevius (Signed) 22 Wellies	M. D.
Registrar. (Address) Color Della M	ia.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes Date of onset of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Str	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of coset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 V.S.			
Other contributory causes of importance:	_1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

E I

STATE OF MARYLAND—	CERTIFICATE OF DEATH (9)17
1. PLACE OF DEATH	
County Taltof.	Registration Dist. No. 290
· Village of City to water trangland	No. Comercy ency the stal St., Ward
Length of residence in city or town where death occurredyrs,mos_	death occurred in a horpital or institution, give its NAME instead of street and number)  3ds. How long in U. S. if of foreign birth?
2. FULL NAME FOR & Page	
10	d. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Λ Λ	ang 6, 1932, 10 ang 9, 1932
6. DATE OF BIRTH (month, day, and year) when 25, 1922	i last saw h. m. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	6
9. Industry or business in which work was done, as SILK MILL,	Set teremin ( below)
SAW MILL, BANK, etc.	C C C C C C C C C C C C C C C C C C C
10. Date deceased last worked at this occupation (month and year)	
1 - oo to	Other Contributory Causes of importance:
12. BIRTHPLACE (city of town) (State or country)	Suffellet hule
I 13. NAME Jumes Rues	
13. NAME  14. BIRTHPLACE (city or lown)  2 3 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Name of operation Seeeless + Caurey Date of 5/7 32
(State or country)	What test confirmed diagnosis? Clilical T. Was there an autopsy? _ ZW
15. MAIDEN NAME Hattie Sateball,	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Easter Mary land	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT DES CLATENCE KUSS, (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Sufferfreed engury true forus
Place	Nature of injury Personal of Mul Joseph
19, UNDERTAKER James Q. Specce	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20, FILED 8/10 , 19 32 n. Jo Merrus	(Signed) / / / M. D.
Registrar.	(Address) Collay (A)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			8

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09118
1. PLACE OF DEATH	(160-2)
County / tallet	Registration Dist. No. 294
Village or City (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. N of foreign birth?yrsmosds.
2. FULL NAME felis Schell	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Day  If LESS than 1 dey hrs. or mig.	I last say h alive on, 19, 19; death is said to heve occurred on the dete stated ehove, h m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particuler kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and yeer)	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town). I will the control of the country)	- Marie
13. NAME Edward School	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIOEN NAME Los Chutturan  16. BIRTHPLACE (city or town)  (Stete or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
17. INFORMANT CANAL CANA	(Specify ty or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fredrick Co Date Quig 11, 1982	Manner of injury
19. UNDERTAKER Edward schelle (Address) wittman my	24. Wes disease er injury in eny way related to occupation of deceased?
20. FILED aug 11, 1932 mon Vistor & Porter Registrar.	(Signed) Lis & Sittle M. D.  (Address) William End

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

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MARGIN

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1. uear

>	PH XSI-	
WRITE PLAINLY WITH UNFADING INKTHIS IS A PERM, ENT RECORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHXSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH	STATE OF MARYLAND
County Sally I	CERTIFICATE OF DEATH
7 1.00	(131) 293.
	Registration Dist, No.
Village or City Oucella UniteNo.	St.: Ward) (If death occurred in a hospital or institu
0/	tion, give Its NAME is stead of street an
2 FULL NAME Plas 2 Donn Jan	number.)
	No. 2012   100   1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. Wolonier	ang 1 , 1937-
Vervae Hull (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Ma- 01 1012	2-29 1932 to aug 1 , 1932
(Month) (Day) (Year)	that I last saw her alive on July 3 1 193 2
7 AGE   Ilf LESS than	and that death occurred on the date stated above, at 6 36 Am
I day hrs.	The CAUSE OF DEATH * was as follows:
69 yrs. 9 mos. 9 ds. or min.	Chronic anterstitial
8 OCCUPATION .	mathet.
(a) Trade, profession or Found work	and the second s
(b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. ds
which employed or (employer)	Contributory acute Diletation
9 BIRTHPLACE (State or country)	Secondary
Jally Co	of Kearl (Duration) yrs mos 2 de
10 NAME OF	(Signed) Z. Cox M. D
FATHER Milliam le Price	Aug 1 1982 (Address) Laston My
U 11 BIRTHPLACE OF FATHER	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TE MAIDEN NAME	
of MOTHER Sarah & Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1. 1. 1. 1	Former or
(Informant) Mes Manne & Rhodes	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Juseu Bunes	Caston And ang 3. 1922
15 Filed 8/2 1982, & L. Gardner	20 UNDERTAKER ADDRESS
Filed 2 1962, Registrar	James a grence Caston, Md
	John John Trops

# REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, not gainfully em-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"E:haustion," "Heart lanue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, elanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Chronic valvular heart Example: Measles (disease " "Coma," "Convulsions, etc. The contributory Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 99121
1. PLACE OF DEATH	(183)
County falled	Registration Dist. No. 292
Village or City Chapple	NoSt.,Ward
Length of residence in city extown where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CENTRISONY M	au
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from ,19,10,19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is seld
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc	2 rouned
work was done, as SILK MILL, SAW MILL, BANK, etc	Cambridge Harm
year) occupation	Dither Charity and Charles of importance description
12. BIRTHPLACE (city or town) 2211 State or country)	Unknown.
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)  17. INFDRMANT (Address)	Where did injury occur?
18. BOTAL CREMATION, OR REMOVAL Place Trappe Date Aug - 16, 19 32	Manner of injury
19. UNDERTAKER John D'Hellans	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify
20. FILED. ang 16, 19 32 Joseff a Corel Registrar.	(Signed) Levin F. Morry (Coroner) wo.
If thore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week age	
1921	Run over by street car	1 week age	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

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v)	
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state CUPA-	1. PLACE OF DEATH O.	CERTIFICATE OF DEATH
m on long	Village or City Caston.	Registration Dist. No. No. No. No. No. No. No. No. No. No
S of	(16	death occurred in a hospital or institution, give its NAME instead of street and number)  1. 4. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
IAN	2 FULL NAME Clanuace ND 9	bb
KD. Every	(a) Residence: No(Usual place of abode)	St., Ward. Federal Structural  If nonresident give city or town and State
REC PE Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TLY.	3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  Markied.	21. DATE OF DEATH  (Month) (Oay) (Yaar)
A C Tassifie	5a. If merried, widowed, or diverced OHUSBAND of Cor) WIFE-of Claua 7110 file.	22. I HEREBY CERTIFY, That I attended decaased from
cla s	6. DATE OF BIRTH (month, day, end year) Se to \$\frac{1}{2}\$ 1887	I last saw harmalive on 1932 death Is said
d J erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:30 Rm.
IS A FE stated E properly certificate	4 1 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were es follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, Chauffeur.	delongenate 1/1/1/4
nould may back	SAW MILL, BANK, etc.	myseardiles Che 1/2
AGE sl that it ons on	10. Data deceased last worked at this occupation (month and year) 1. Total time (years) spent in this occupation	
Se so uction	12. BIRTHPLACE (city or town) Caraline Co (State or country)	Other Contributory Causes of Importance;
Supplied terms, ee instru	13. NAME Priank Web	
sup in te	4 14. BIRTHPLACE (city or town) Careline, Co	Name of operation
pla pla	(State of County)	What test confirmed diagnosis? Was there an autopsy?
carefu TH in portant	15. MAIOEN NAME Sarah & College 16. BIRTHPLACE (city or town). Carolyses (State or country)	23. If death was due to axternal causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
in p	(State or country)	Where did injury occur? (Specify city or town, county and State)
A PO P	17. INFORMANT Prederals use Well	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E. E.	18. BURIAL, CREMATION, OR REMOVAL Place Traderal Place Oate Aug 21, 1932.	Manner of injury
ation DAUS Tron	19. UNDERTAKER / Frampting Son	24. Was disease or injury in any way related to occupation of deceased?
N. B.	20. FILEO 2119 1932 PPN 122220	If so, specify (Signed) M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUREAU T	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH	19123
1. PLACE OF DEATH	82-0	00140
County Fall of	Registration Dist. No. 292	-
Village or City / Lew Frank	NoSt.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL NAME Maly Luly Whi	te	
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town at  MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX 4. COLOR OR RACE Color of Race OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Ouy (Day)	, 193 <u>2</u> (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of LSEN W White	22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year) Oct 6 1897	(last saw here alive on the 197) 193	death is said
7. AGE Yaars   Months   Oays   If LESS than	to have occurred on the date stated abova, and m.	, death is said
35 // 2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Perebial	Oata of onset
kind of work done, as SPINNER, Nouse worker SAWYER, BOOKKEPER, etc.	48monsage	8/1/3
kind of work done, as SPINNER, As worker, BOOKKEEPER, etc.  SINGUSTRY OF BUSINESS IN WHICH WORK WAS done, as SILK MILL, SAW MILL, BANK, etc.  10. Oato deceased last worked at 11. Total time (years)	J	
10. Oato deceased last worked at this occupation (month and year) spent in this occupation 18 4		
12. BIRTHPLACE (city or town) Jall of Co	Other Contributory Causes of importance:	
(Stata or country)	But But	1.108/
13. NAME John Prufices	fram Varous vo	10/20/5
13. NAME John July 14. BIRTHPLACE (city or town)	Name of operation Oate of _	
(Stata of country)	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mollie Groen	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Mollie Trouve	Accident, suicide, or homicide? Data of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT LEV WWALKS (Address) Angle RA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	~~~~~
Place To apple MD Date Wing 4, 1933	Nature of injury	
19. UNDERTAKER Mikeling & Gurlian 48 (Address)	24. Was disease or injury in any way related to occupation of deceased?	200
20. FILEO aug 9-, 193v Josepharo	(Signed) Jayanna Jayanna (Address) Cartan Mar	М. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	11	Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O				Dogistration Diet No.	293.
	,			Registration Dist. No.	MI
Village or C	ity newto	w-C	(If death occurred in a hospital or instit	ution, give its NAME instead of street a	and number)
Length of rasi	idence in city or town where			of foreign birth?yrs	
2. FULL NA	ME James	Robert Wilson	2 "		
(a) Residen	cec.No.	evotown	St., Ward.		
		(Usual place of abode)	A .	If nonresident give city or town	
3. SEX	1	TICAL PARTICULARS		ERTIFICATE OF DEATH	d
male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	11. 111.	4
7.77	- CACC	single		(Month) (Day)	(Year
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	U	22. I HEREB	Y CERTIFY That I attend	ded deceased
(OI) WITE OI			lug 10	1932 10 aug 14	19
6. DATE OF BIRTH	(month, day, and year)	pril 3/1932	I last saw h alive on	aug 12 /192	death is
7. AGE Yea	rs Months	Oays If LESS than	to have occurred on the date stat	ed above, at	
	3	1 day,hr	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related causes of Importance	
Z 8. Trade, profes	ssion, or particular			0'0	Oate of o
No kind of v SAWYER, Industry or work was	vork dona, as SPINNER, BOOKKEEPER, etc		- Cleule	Marchan	1
A Industry or work was	business in which s done, as SILK MILL, L, BANK, etc		la c		Muy
10110	L, BANK, etc ed last worked at	11 Total time (years)		4	
	pation (month and	11. Total time (years) spant in this occupation			
	m. In	in 7-11 4-5	Other Contributory Canses of imp	ortance:	
12. BIRTHPLACE (cit		or aun pary	land.	of Him	~
13. NAME K	Englithe 11	1 ilon 1	- Enrang 1	terd Ti	
	(city or town) 40-9-6	milk Tellet 6	Name of a section of		
(State or		maraland.	Name of operation	Oate o	
15. MAIDEN NA	ME Cond	Larihmus -		Was there	
	(city or town) hurt	nus. Tallotto	Accident, suicide, or homicide?	uses (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (State or		ansland	Where did Injury occur?	Date of injury	, 13
17. INFORMANT	Cadenta	1 march	/ 1	(Specify city or town, county and in INOUSTRY, in HOME, or In PUBLIC	State)
(Address)	July Salver De La Company	y lessons		a moone, or all tobelo	LAUL,
18. BURIAL, CREMAT	ION, OR REMOVAL		Manner of injury		
Place 120	whom	Oate lings 15, 19.3	Nature of injury		
19. UNOERTAKER	Call W.J.	tallord.	24. Was disaase or Injury in any s	way related to occupation of deceased?	
(Address)	Cartin	Thank and	If so, specify	1	
				11 (1)	
20. FILED 8/15	1932.	1. 4 Garden	(Signed)	THE CONTRACTOR	

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

KECORD. Every item of infor-PHYSICIANS should state

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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